

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DM		10-16-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AG	640	11-14-01
RESPONSE FORMALITY REVIEW	AS	861	1-30-02

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	03/03
2	03/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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